

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

STATEMENT OF INTENT TO DISSOLVE

(Written Consent of Members or Directors)

Filing Fee \$10.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1101](#), the undersigned corporation executes and delivers for filing the following Statement of Intent to Dissolve the corporation.

FIRST: The names and respective addresses of its officers and directors are:

Title	Name	Address
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

SECOND: ("X" one box only) Exhibit A attached hereto is a copy of the written consent signed by:

- ☐ All members of the corporation entitled to vote.
- ☐ All directors of the corporation, there being no members or no members entitled to vote.

THIRD: All required Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Report covering the previous calendar year is not required.)

FOURTH: The undersigned corporation understands that the filing of this document **does not** complete the dissolution process. You must **also file** Articles of Dissolution, form MNPCA-11D or 11E.

FIFTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

***By** _____
(signature)

(type or print name and capacity)

***By** _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

Notice of the filing of this statement shall be mailed to each known creditor of the corporation pursuant to [13-B MRSA §1101.2](#).

***This document MUST be signed by any authorized officer. ([13-B MRSA §104.1.B](#))**

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)